2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P03000094257 1. Entity Name 04-19-2005 90384 002 ***150.00 OLD HOMESTEAD INCOME OPTIONS, INC. Principal Place of Business Mailing Address P.O. BOX 30684 P.O. BOX 30684 PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420 2. Principal Place of Business 3. Mailing Address 13612 JONQUIL PLACE 13612 JOWQUIL PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State WELLING-70N City & State Applied For 4. FEI Number WELLWG-TOW 20-0245490 Not Applicable PALM BEACH Country \$8.75 Additional 5. Certificate of Status Desired PALM BEALLY 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PROPST, WALTER L III Street Address (P.O. Box Number is Not Acceptable) 42 ST. JAMES DRIVE PALM BEACH GARDENS FL 33418 こくべんかん 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change TITLE Delete ☐ Addition PROPST, WALTER L III NAME NAME 13612 JOUQUIL PLACE P.O. BOX 30684 STREET ADDRESS STREET ADDRESS WELLWATON, FL 33414 CITY-ST-ZiP PALM BEACH GARDENS FL 33420 CHTY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED